

Bromley Borough Based Board

DATE: 18 January 2022

Title	Bromley Borough Risk Register	
This paper is for noting .		
Executive Summary	<p>Commissioning health services involves risk. The aim of our activities in respect of this is not to seek to create a risk-free environment, but rather to create an environment in which risks are considered as a matter of course and appropriately identified and controlled or managed. NHS Southeast London CCG is committed to make risk management a core organisational process and to ensure that it becomes an integral part of the CCG's practices and business planning.</p> <p>The CCG commits to a clear process of identifying risks and ensuring that they are suitably controlled through systematic review of the associated risk registers and the Board Assurance Framework (BAF).</p> <p>Risk review and updates on Datix continues to be developed. Conversations are still ongoing with risk owners to prioritise the highest scoring risks and to ensure that controls and assurances are in place and recorded.</p> <p>The attached reports provide full details of the Borough risk register as of 6th January 2022. There are 7 open risks on the Risk Register.</p> <p>The report provides detail on:</p> <ul style="list-style-type: none"> • Highest scoring risks • 3 risks within the register where the control measures have had no impact currently on the likelihood or consequence of the inherent risk 	
Recommended action for the Committee	The Bromley Borough Based Board is asked to note and discuss the Bromley Corporate Risk Register.	
Potential Conflicts of Interest	Not Applicable	
Impacts of this proposal	Key risks & mitigations	N/A
	Equality impact	N/A

	Financial impact	The financial risks are appropriately captured and reported on the risk register.
	Public Engagement	This is an internal control process, and no patient engagement has thus taken place with respect to the process.
Wider support for this proposal	Other Committee Discussion/ Internal Engagement	<p>The risk register report is also presented to SMT and the Clinical Strategy Group, which includes clinicians, Executives and Senior members of the Borough. The risk register is reviewed by SEL CCG Corporate, Risk and Emergency Planning Lead.</p> <p>Borough risk registers are considered from a South East London perspective at the SEL CCG Risk Forum monthly. Borough risks are also considered for escalation at this forum.</p>
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Clinical lead:	Dr Andrew Parson	
Executive sponsor:	Dr Angela Bhan	
Appendices	<ul style="list-style-type: none"> • Appendix A: Bromley Borough Risk Register as of 6 January 2022 • Appendix B: SEL Risk Management Framework Infographic • Appendix C: Risk Scoring Framework 	

Bromley Borough Risk Register Report

[Risk Management Framework](#)

Commissioning health services involves risk. The aim of our activities in respect of this is not to seek to create a risk-free environment, but rather to create an environment in which risks are considered as a matter of course and appropriately identified and controlled or managed. NHS Southeast London CCG is committed to make risk management a core organisational process and to ensure that it becomes an integral part of the CCG's practices and business planning.

The CCG commits to a clear process of identifying risks and ensuring that they are suitably controlled through systematic review of the associated risk registers and the Board Assurance Framework (BAF).

Effective risk management is important for a number of reasons, notably because it:

- Provides a safe, quality service to service users and staff.
- Improves Governance.
- Gain a true understanding of an organisation and its services.
- Improves organisational learning and communication.
- Improves mandatory and voluntary reporting.
- Improves stakeholder confidence and trust.
- Work proactively to identify and treat risk as needs changes.
- Increase staff awareness on risk areas.
- Improves the organisation's safety culture.
- Leads to more effective decision making.

The CCG has adopted a risk management standard which allows for the identification, analysis, prioritisation, treatment, communication and monitoring of risks. The standard will be reviewed within the first year of operation.

[SEL Risk Management Approach](#)

The complex structure of commissioning means that risks need to be captured at different levels. Largely, the distinction in SEL is as follows:

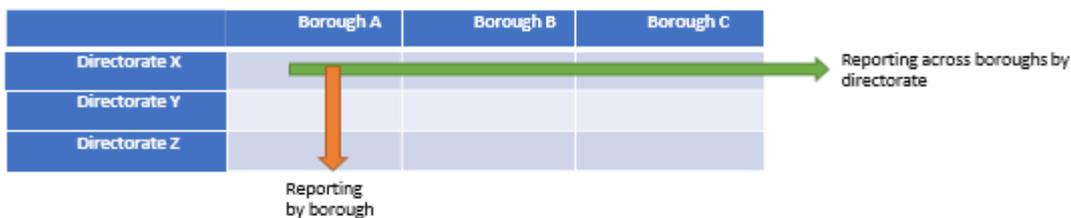
- Risks to the delivery of services, functions and obligations which are commissioned or managed centrally (at scale) by the CCG are captured on the SEL CCG Risk Register, which is scrutinised by the Governing Body's (GB) Integrated Governance and Performance Committee, for which the membership is a mix of executive and non-executive, as well as clinical and non-clinical representation. Copies of the risk register are accessible within the GB papers available on our website.
- Risks to delivery services, functions and obligations which are commissioned or managed at borough directorate level are captured on the Borough Directorate Risk Register, which shall be given scrutiny at each meeting of the Borough Based Board, which has a mix of CCG executive and non-executive, clinical and non-clinical voting members, and is attended by CCG leads on areas such as quality and performance as well as by the local authority, voluntary sector, Healthwatch Bromley and the Local Medical Committee.

- Risks to the achievement of the CCG's overarching corporate and strategic objectives are captured on the Board Assurance Framework and are given scrutiny at meetings of the Governing Body.

If borough-level risks are scored highly enough or the same risk is identified by multiple boroughs, then a decision might be taken to capture them on the SEL Risk Register. The risk registers will operate in a matrix structure with each risk assigned by:

- Directorate; and
- Sphere of impact:
- Directly references/affects CCGs delivery of corporate objectives – included on the BAF.
- Has an impact in more than one borough – SEL Risk register
- Is managed centrally (e.g., acute performance) – SEL Risk register
- Risk originates within and affect only impacts one boroughs outcomes – borough risk register

The risk registers will be multi layered to enable reporting of risks by directorate in total, by directorate for borough, or by borough in total:



Risk owners (the individual who shall manage the risk) shall articulate:

- The risk itself and its scoring based on a calculation of likelihood multiplied by impact (see risk scoring matrix at Appendix C)
- Any mitigation in place to manage the likelihood and severity of the risk, or to mitigate against the materialisation of the risk.
- Sources of assurance that the mitigation is effective.
- Any gaps in controls which would have the effect of further controlling or reducing the level of the risk.
- The resulting residual, or current, risk scoring.
- The target risk, or the risk appetite, the level of risk that the organisation would be prepared to accept.

An infographic at Appendix B shows the risk management process and flow.

At Appendix A is the Bromley Borough Directorate Risk Register which captures those risks which impact upon or have the potential to affect the CCG's obligations and priorities within the Borough of Bromley, particularly in relation to the services commissioned for residents.

Risk Reviews

Regular review is a fundamental component of effective risk management, and in Bromley the Borough Risk register is reviewed monthly. Risk owners perform an independent review of their risks, before the register is given a collective review at the Borough Directorate's Senior Leadership Group meetings.

When reviewing risks, the following considerations are made:

- If the controls previously recorded still have the desired effect, and whether nor not there is assurance that this is the case.
- If there are any new controls to record, or if any previously recorded control gaps have now been filled through effective controls, and whether these have the effect of lowering the residual (current) risk scoring.
- If any mitigation from the central SEL teams would have support in the risk management process and have the effect of reducing the risk.

An SEL-wide Risk Forum with leads across boroughs and the central team meets monthly in order to identify risks for escalation and emerging issues.

Bromley Borough Risk Register

The Bromley Borough Risk Register is at Appendix A. There are 7 risks currently captured. Below is a snapshot of the distribution of risk scoring:

Extreme 15-25	High 8-12	Moderate (4-6)	Low (1-3)	Total
2	3	0	2	7

Updates on the Bromley Risk Register

There had been progress on risk reviews and discussions continued to consider whether changes to controls or mitigations were needed or if risk appetite had been reached.

The risks where control measures appear to have had no impact on the likelihood or consequences of the inherent risk (Risks 165, 166 + 243) were discussed at the Bromley Clinical Strategy Group meeting. Dr Angela Bhan updated that the CHC risks (165+166) would need to retain the same red rag rating until staffing issues had been resolved. Mark Cheung noted that the rag rating for the finance risk (243) would likely be able to be reduced at the next review, as the end of the financial year was approaching.

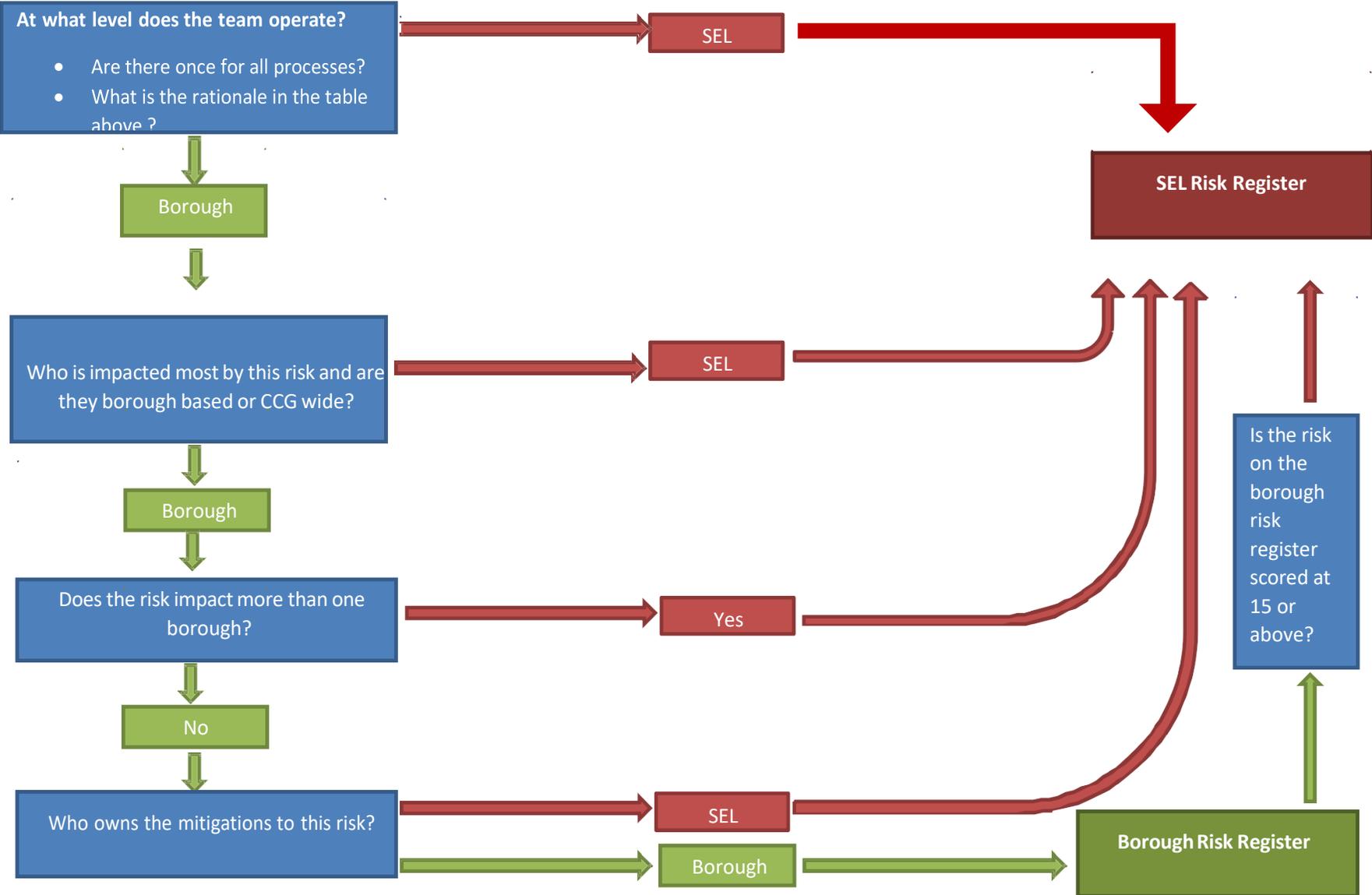
Appendix A: Bromley Borough Risk Register

Bromley Open Full Risk Register as at 6 January 2022									
Risk ID	Risk Title	Risk Description	Risk Type	Initial Rating	Control Summary	Assurance in Place	Gaps in Control Summary	Current Rating	Target Rating
105	Risk that the provision of equipment in the community exceeds the budget	There is a risk that the provision of equipment in the community exceeds the budget set for the financial year with a lack of understanding on requirements for provision of equipment in the community taking into consideration increasing acuity of patients being discharged and also remaining within their own homes	Finance	20	Matrix system in place limiting the number of equipment authorisers & on-going review of activity, Bi-monthly Budget meeting with Local Authority (Budget Holder). * Matrix system in place limiting the number of equipment authorisers & on-going review of activity * Bi-monthly budget meetings with LBB who is the contract lead. * Review of equipment provision - with focused Clinical lead in place. Outcome of review will establish a robust process and budget.	Current overspend is known. Situation reviewed and monitored at Bromley Therapy Board, CCG / LBB established formal review with Clinical lead support (July - October)	Review of equipment provision	12	4
153	Bromleag Care Practice budget impact on service delivery	Bromley CCG has procured a new APMS contract to provide enhanced care to patients in care homes in Bromley. Bromleag Care Practice commenced on 1 May 2020. There is a risk that service delivery will be adversely affected as result of ongoing expenditure over and above budget, due to innovative nature of this provision.	Clinical	16	Regular contract management meetings with BGPA. Contract variation by the CCG to fund additional expenditure to ensure service continues. Ongoing review of service delivery against spend to identify areas of savings without unduly affecting quality of care provided	Regular contract monitoring meetings (frequency revised due to current peak of pandemic). Review of additional funding requests for authorisation by Dave Harris. Refreshed CV for 21-22 with a regular monthly top-up payment agreed which reflects reasonable level of additional income required above the core income.	Due to pandemic, planned review was postponed from Q4 19/20, to Q2 20/21, however this could not go ahead due to anticipated winter pressures. Review therefore needs to be rescheduled.	3	6
165	Capacity issues in the CCG Team will result in failure to meet Funded Nursing Care and Continuing Healthcare KPIs	There is a risk that: a) lack of capacity in the CCG team and lack of timely support from LBB means review of Funded Nursing Care (FNC) and Continuing Health Care patients is not carried out in a timely manner leading to failure to meet KPIs including the age of CHC assessments carried out within 28 days and age of assessments completed in the community and; b) appeals to PUPOC decisions are upheld by IRP and the Ombudsman. This could lead to diminution of service quality for patients, adverse effects on organisational reputation, inability to achieve Quality Performance Premium and failure to achieve QIPP target. c) the suspension of CHC, FNC and Fast Track 3 month reviews and annual reviews. Could lead to diminution of service quality for patients, adverse effects on organisational reputation and an adverse impact on the CHC budget. The risk is that the CCG will not be able to perform its Continuing Healthcare statutory functions.	Capacity	15	FNC and CHC Reviews: Team management restructured and being actively recruited to, Vacancies covered with agency staff. Arrangements in place with LBB to expedite timely MDT decisions. Action plan with milestones in place agreed with NHSE to achieve KPIs. b) Outstanding Claims: All PUPOC assessments completed to deadline, NHSE Appeals Procedure being followed c) Restructure of Team finalised	Continuing recruitment to vacant substantive posts in process. Ensuring people who may be entitled are assessed now through training programmes that increase awareness-ongoing. Recruitment of bank staff (e.g. from leavers). Continue to explore possible solutions with LBB - ongoing	Staffing establishment of clinical assessors incomplete. CHC Manager post vacant. LBB's ongoing ability to meet agreed working arrangements. Ability to maintain KPIs in quarter 4. Potential for future PUPOC claims against unassessed periods of care. Backlog of unassessed new claims	15	6
166	Continuing Healthcare packages agreed in the community could potentially involve deprivation of liberty	There is a risk that CHC packages in the community could be agreed which involve a deprivation of liberty without reference being made to the judicial oversight of the Court of Protection DoLs procedures leading to civil or criminal action against the CCG	Staff	15	CHC assessors receiving training on DoLs awareness. Staff trained on the Mental Capacity Act. Care packages focused on best interests of clients and include multi disciplinary assessments and family/carer involvement. High risk cases identified and Community DoLs approval granted by Court of Protection. CHC Lead and complex case manager to meet monthly to review level of risk. To develop a work plan to identify patients in own home who will require a community DoL's or LPS from 2022	Ongoing staff training. CCG to consider adding a Memorandum of Understanding to the existing Partnership arrangements between the Local Authority and the CCG under section 75 National Health Services Act 2006 under 'Additional Services'	Lack of capacity of CHC staff. High turnover of staff, Process in which community DoLs assessments and care package applications take place, Long standing issues of capacity and training on the completion of the DoL's. The team needs to include staff who are qualified Best Interest Assessors.	15	3
172	Inequality in accessing vaccine for vulnerable groups unable to travel around the borough	There is a risk of inequity of access to vaccine for most vulnerable groups/those least able to travel around borough due to site locations being less accessible.	Reputational	12	Practices are able to operate satellite clinics to ensure patients who are otherwise not taking up the offer are invited to their local GP practice. Borough plan will identify and determine outreach provision for vulnerable groups. CCG will work with LA to use existing outreach mechanisms to identify and engage with groups where uptake needs to be improved. Review designated sites throughout programme to determine whether provision requires reconfiguration to better reach vulnerable groups across the borough. Comms and Engagement plan in place overseen through the Lambeth Vaccine Steering Group in turn reporting to the Lambeth Together Executive Group, Covid Wave Two funding allocation	Fortnightly LBB/CCG Vaccine Inequalities Group, plus sub-groups. Weekly Bromley Vaccination Taskforce engages with sites on inequalities. Dedicated daily/weekly return as part of the June/July Vaccine Sprint focuses on actions to increase uptake in targeted areas. Weekly return extended into August, focusing on actions to increase uptake in targeted areas	There are none listed on the register	3	6

Risk ID	Risk Title	Risk Description	Risk Type	Initial Rating	Control Summary	Assurance in Place	Gaps in Control Summary	Current Rating	Target Rating
243	Borough Financial Balance in 21/22	There is a risk that the borough will not manage within its delegated financial allocation during 21/22. The H1 (April 2021 to September 2021) allocation is agreed. The H2 (October 2021 - March 2022) allocation has not been confirmed. There is an Interim finance regime in place due to the Covid pandemic.	Finance	12	H1 budgets have been signed off with budget holders; Monthly financial reporting; Finance Report is a standing agenda item at Bromley Borough Based Board meetings. The final H1 position was an underspend of £129k; Monthly financial reporting; Finance Report is a standing agenda item at Bromley Borough Based Board meetings.	Budget Holders meet on a monthly basis with financial management staff; Additional funding to offset additional covid costs are were received in H1; South East London CCG wide groups are being re-established to jointly share savings ideas and opportunities. Budget Holders meet on a monthly basis with financial management staff; Additional funding to offset additional covid costs are were received in H1; South East London CCG wide groups are being re-established to jointly share savings ideas and opportunities. The SEL H2 financial allocation has been confirmed and Bromley delegated budgets are being refreshed.	H2 financial allocation to be confirmed (including covid allocations); Unpredictable demand for continuing healthcare/packages of care and prescribing which could lead to overspend; Possible additional demand for services as we emerge out of the covid pandemic.	12	6
267	Kent House Hospital Tier 4 CAMHS	There is a risk that the Tier 4 hospital CAMHS service based in the borough of Bromley and commissioned by South London Partnership with accountability to NHS England, may not achieve required standards of care for extremely vulnerable children and young people. May be adversely impacted by the frequent changes in senior leadership.	Clinical	12	There is an active campaign to recruit to the Clinical Director role. At this time the previous role holder who is stepping up is looking after the post. Kent House Hospital are actively recruiting to fixed term posts have been difficult to recruit to. These are highly specialist roles, two doctors have resigned, one whole time equivalent doctor is being covered at present but will be on long term leave from December. Leaving 0.8 whole time equivalent doctor post out for recruitment. Lack of communication with LADO is also a risk, with improvements needed. Whilst there has been proactive recruitment, they are not able to get cover for all posts. This is likely to lead to capping of beds with 10 beds available rather than the usual 17. The Social work post has been covered by agency, however there has been difficulty in retaining a social worker with the level of experience to manage cases at Kent House. This has led to some of the safeguarding processes being delayed i.e. LADO. There remains 0.5 WTE social work outstanding. There has been a turnover of hospital directors (2 since January) which is currently covered by the Priority Group Regional Director, however he is not based at the site. Designated Nurse is having ongoing discussions with South London Partnership Mental Health Collaborative which are currently two monthly as standard practice. Additional meetings were to take place and correspondence to be received regarding updates on staffing. Liaison as necessary with CQC, ongoing discussions with the clinical director for Kent House Hospital. There is a process in place for reporting and escalating any issues and concerns to the Safeguarding Children Partnership. Regular meetings and correspondence with Bromley LADO to ensure partnership communications is maintained. Designated Nurse has planned a site visit with the independent chair of the Safeguarding Board in December. Kent House communicating with South London Partnership and Designated Nurse and be supported by the LADO to remind about processes.	South East London Interim Director of Quality and Head of Safeguarding informed of recent allegations. NHSE are informed by SLP and Designated Nurse to send an email on this. Communication established between provider South East London Partnership, CQC where relevant and the Safeguarding Partnership leading to transparency and NHSE. Kent House communicating with South London Partnership and Designated Nurse and be supported by the LADO.		12	

Appendix B: SEL risk management approach

Risk register decision tree



Appendix C: Risk Scoring Matrix

Risk Scoring Matrix

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Severity	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5

Likelihood Matrix

Likelihood (Probability) Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Frequency Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%

Severity Matrix

Severity (Impact) Score	1	2	3	4	5
Descriptor	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	<p>Minimal injury requiring no/minimal intervention or treatment.</p> <p>No time off work</p>	<p>Minor injury or illness, requiring minor intervention</p> <p>Requiring time off work for >3 days</p> <p>Increase in length of hospital stay by 1-3 days</p>	<p>Moderate injury requiring professional intervention</p> <p>Requiring time off work for 4-14 days</p> <p>Increase in length of hospital stay by 4-15 days</p> <p>RIDDOR/agency reportable incident</p> <p>An event which impacts on a small number of patients</p>	<p>Major injury leading to long-term incapacity/disability</p> <p>Requiring time off work for >14 days</p> <p>Increase in length of hospital stay by >15 days</p> <p>Mismanagement of patient care with long-term effects</p>	<p>Incident leading to death</p> <p>Multiple permanent injuries or irreversible health effects</p> <p>An event which impacts on a large number of patients</p>
Adverse publicity/ reputation	<p>Rumours</p> <p>Potential for public concern</p>	<p>Local media coverage – short-term reduction in public confidence</p> <p>Elements of public expectation not being met</p>	<p>Local media coverage – long-term reduction in public confidence</p>	<p>National media coverage with <3 days service well below reasonable public expectation</p>	<p>National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)</p> <p>Total loss of public confidence</p>
Business objectives/ projects	<p>Insignificant cost increase/ schedule slippage</p>	<p><5 per cent over project budget</p> <p>Schedule slippage</p>	<p>5–10 per cent over project budget</p> <p>Schedule slippage</p>	<p>Non-compliance with national 10–25 per cent over project budget</p> <p>Schedule slippage</p> <p>Key objectives not met</p>	<p>Incident leading >25 per cent over project budget</p> <p>Schedule slippage</p> <p>Key objectives not met</p>